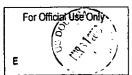


FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U. 000 - 093

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/05 Through: 12/31/05

| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | |
|--|--|--|
| Name Dauglas D. Norris, Jr | Name International Brotherhood of | |
| | Labor Organization File Number 000 - 093 | |
| P.O. Box, Bldg., Room No., if any 120. Bur 202 | P.O. Box, Building and Room Number, if any | |
| Street 2314 010 Hwy 21 N | Street 25 Louisiana Aue N.W | |
| City State Road | City Washington | |
| State V. C. ZIP Code + 4 28676 | State D. C. ZIP Code + 4 2 0001-21 8 | |
| 5. Position in labor organization. In I Rep | | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except an specified in the exclusions set forth in the instructions): | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. Disaster Relief | |
| Name AMerican Revi Cross | Hotel Kirom ? | |
| Trade Name, if any: Same | 3 days/Mights | |

Signature

ZIP Code -- 4

\$ 390,00

| 15. Signature and verification. The undersigned declares, under penalty of | | |
|---|--|---|
| submitted in this report (including the information contained in any accompany) | ing documents), has been examined by th | ie signatory and is, to the best of the |
| undersigned's knowledge and belief, true, correct, and complete. (See the sec | ction on penalties in the instructions.) | |
| | | |
| | 1 | |
| Signed (Citatan) (City (a) | on March 27,66 | 336-874-2150 |
| Signed / C/Calcid / C/Calcid | Un 1/16/100 2 1,60 | 236-074-3130 |
| | Date | Telephone Number |

Street

City

State

P.O. Box, Bldg., Room No., if any

Telephone Number

| ٠, | |
|---|---|
| Name of Person Filing Douglas D. Norris, | Tr File Number U- 000 - 093 |
| B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherworf an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization. | ise dealing with the business ely seeking to represent, or rectly to, or otherwise |
| 8. Name and address of Business (including trade name, if any). Name International Brotherhood of Teamster's Trade Name, if any: IBT P.O. Box, Bldg., Room No., if any Street 25 Louis 19n9 ANC N.W. City Washington State D, C. ZIP Coce + 4 20001-219. | 9. Business deals with: a. Labor Organization b. Trust V. c. Employer Anienican Red Cross |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name American Red Cross Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.a. Nature of such dealing. Disaster Relief Hotel room \$ 130.00 per night? 3 clay: /1119/hts Oct 4-7-05 11.b. Approximate dollar value of such dealing. \$390.00? 12.a. Nature of interest held or income received. Same as above |
| | 12.b. Amount. |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name | 14.a. Nature of payment. |
| Trade Name, if any: | |
| P.O. Box. Bidg., Room No., if any | |

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State